

Children with Special Health Care Needs (CSHCN) Services Program

PROVIDER ENROLLMENT APPLICATION

I. PROVIDER INFORMATION

Legal Name of Provider/Facility: _____

"Doing Business As" (DBA) Name, if applicable: _____

Physical Address: _____

Accounting Address: _____

Telephone Number: () _____ Employer's Tax ID #: _____

Type of Services Provided: _____

Medicaid Provider Number: _____ License Number: _____

(Please attach copy of current license, if applicable)

(For augmentative communication devices providers only)

Are you a current member of the Communication Aid Manufacturers Association (CAMA)? Yes___ No___

II. OWNERSHIP INFORMATION

(Please check appropriate box)

Individual Recipient (not owning a business)

Social Security #: _____

Sole Ownership of Business

Owner's Name: _____ Social Security #: _____

Partnership (If checked, please enter both partners' names and Social Security Numbers (SSN). If one of the partners is a corporation, use the corporation's Employer's Tax Identification Number (EIN)).

Name: _____ SSN/EIN: _____

Name: _____ SSN/EIN: _____

Texas Corporation If checked, please enter Texas Charter Number: _____

Professional Association If checked, please enter Texas Charter Number: _____

Professional Corporation If checked, please enter Texas Charter Number: _____

Out of State Business: _____

Other: _____

To the best of my knowledge, the information supplied on this document is accurate and complete and is hereby released to the Children with Special Health Care Needs Services Program for the purpose of issuing a CSHCN Provider Number.

Signature

Title _____

Date _____

CHECK-OFF LIST FOR COMPLETE APPLICATIONS

Provider Enrollment Application completed, signed and dated

Provider Agreement Form completed, signed and dated

Copy of License submitted (if required)

Please mail completed enrollment application to:

**TDH/CSHCN Provider Enrollment
1100 West 49th Street
Austin, TX 78756-3179**

Do Not Write In This Space
(For office use only)

CSHCN Local # _____

Enrollment Date _____

Status Date _____

Initials of Processor _____